



Town of Fountain Hills

REQUEST FOR PUBLIC RECORDS

Name:		Date:	
Company:		Fax:	Phone:
Address:			
<i>Please Note: The Town requests a minimum of seventy-two (72) hours notice be provided of any request to copy or inspect in order to locate the appropriate record. If the Town requires additional time, the requester will be notified.</i>			
Indicate whether you desire to inspect or copy public records: <input type="checkbox"/> Copy <input type="checkbox"/> Inspect		Specify information format: <input type="checkbox"/> If available, "read only" format – per fee schedule <input type="checkbox"/> Hard Copy – per fee schedule	
Describe in detail the record(s) requested for inspection or copying as well as any applicable dates, if possible: _____ _____ _____			
Indicate whether you are using the public record for a commercial purpose: <input type="checkbox"/> Commercial** <input type="checkbox"/> Non-Commercial		If for commercial purpose, please explain intended use: _____ _____ _____	
**A.R.S. 39-121.03 (D) – "Commercial purpose" means the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from public records for the purpose of solicitation or the sale of names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of the public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in any judicial or quasi-judicial body.			
I certify that all of the foregoing information is true to the best of my knowledge and belief. I agree to pay all appropriate fees at the time the requested information is delivered. I understand copies that are not picked up within two weeks of the request will be billed and documents given out only after payment is received.			
Signature of Requester: _____			
AFFIDAVIT OF COMMERCIAL PURPOSE			
State of Arizona } County of Maricopa } ss:			
I, _____, being first duly sworn, state that the public record(s) requested above are being requested only for the purpose set forth above and no other. Subscribed and sworn before me this _____ day of _____, 20____.			
Place Seal Here			
Notary's Signature: _____			
For Office Use Only: Date Received: _____ By: _____ Disposition: _____ _____ _____ CC: Town Manager: _____ # of pages _____ Electronic copy _____ Amount Due _____		Town Attorney Authorization Date Faxed: _____ Request Approved: <input type="checkbox"/> Request Denied: <input type="checkbox"/> Review time needed beyond three (3) Business Days: <input type="checkbox"/> _____ days Attorney's Signature: _____	